

Complete this form to change information relating to your business's tax permit. You can also change your information online at tax.iowa.gov for expedited processing.

Legal name: _____

Doing business as: _____

Provide a social security number if the business is registered as a sole proprietor or single member LLC. Provide a Federal Employer Identification Number for all other business types.

Social Security Number (SSN): _____

Federal Employer Identification Number (FEIN): _____

Headquarters address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Changes requested, check all that apply:

- Sales Tax, Automobile Rental, Hotel and Motel Permit: _____
- Consumer's Use Tax Permit: _____
- Retailer's Use Tax Permit: _____
- Water Service Excise Tax Permit: _____
- Income Tax Withholding Permit: _____
- Fuel Tax Permit or License: _____
- Corporation FEIN: _____

1. Change Legal Name

Permits are not transferrable. If ownership is changing, all existing permits must be cancelled, and you must reapply for new permits under the newly named entity. If the new name is not recognizable by the existing name, include supporting documentation such as Articles of Amendment or verification that the IRS has updated your organization including the same name and FEIN.

Reason for change: _____

Current legal name: _____

New legal name: _____

2. Change "Doing Business As" Name

"Doing business as" may vary for each business location.

Prior "doing business as" name: _____

New "doing business as" name: _____

For Office Use Only:



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3. Change Individuals Associated with the Entity

To add, revoke, or change authority of an individual to act on behalf of the entity, use the IA 2848 IDR Power of Attorney Form, Representative Certification Form, or the IA 8821 Tax Information Disclosure Form, as appropriate.

4. Change Business Headquarters Address

New headquarters address: _____

City: _____ State: _____ ZIP: _____

5. Change Business Location Address

If you are moving to a new location, this will lead to a new sales permit number being assigned to you.

Prior location name: _____

New location name: _____

New location address: _____

City: _____ State: _____ ZIP: _____

Effective date: _____

Type of products or services sold. See the North American Industry Classification System (NAICS) for more information. Changing NAISC code?

Choose new code that best describes your business: _____

6. Change Business Mailing Address

Check if same as business location address in section 5.

Mailing address will be effective for all tax permits listed. If you want a different mailing address for each tax permit checked on page one, include a separate sheet.

New mailing address: _____

City: _____ State: _____ ZIP: _____

7. Change Filing Frequency

For more information about filing frequencies, visit tax.iowa.gov. Changes to and from annual filing are effective January 1. Requests received after April 30 will take effect on January 1 of the following year. All other filing frequencies may be changed at the start of a future calendar quarter.

Reason for change: _____

Effective date: _____

Sales or Retailer's Use Tax Permit: Enter your projected sales tax per year: _____

Consumer's Use Tax Permit: Enter your projected purchases per year: _____

Income Tax Withholding Tax Permit: Enter projected withholding tax per year: _____



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8. Request Copy of Permit

- Sales Tax, Automobile Rental, Hotel and Motel Permit: _____
- Consumer's Use Tax Permit: _____
- Retailer's Use Tax Permit: _____
- Water Service Excise Tax Permit: _____
- Income Tax Withholding Permit: _____
- Fuel Tax Permit or License: _____

9. Signature

This application must be signed by the owner, partner, or corporate officer.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this form, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

Print name: _____ Phone: _____

Contact name: _____ Contact email: _____

The integrity and security of sending personal information via fax or email cannot be guaranteed. By submitting this form via fax or email, you agree to hold the Department harmless if a fax or an email results in third party access to the information.

Submit this form by:

Fax: 515-281-3906

Mail to: ATTN Registration Services
Iowa Department of Revenue
PO Box 10470
Des Moines IA 50306-0470

Questions?

Contact Taxpayer Services
Phone: 515-281-3114 or 800-367-3388
Email: idr@iowa.gov

